



## FLORIDA DEPARTMENT *of* STATE

RICK SCOTT  
Governor

KEN DETZNER  
Secretary of State

October 5, 2018

Honorable R.J. Larissa  
State Attorney, 7<sup>th</sup> Judicial Circuit  
251 N Ridgewood Avenue  
Daytona Beach, Florida L 32114.

Re: Elections Fraud Complaints No. 18-83, 84, and 88

Dear Mr. Larissa:

I am referring the enclosed elections fraud complaints to you pursuant to section 97.012(15), Florida Statutes, which charges the Department of State with conducting preliminary investigations of elections fraud and reporting the findings to the appropriate state attorney's office.

The three complainants from Volusia County allege that someone falsely signed their names on voter registration forms. It appears the allegations have merit. Information obtained from the Volusia County Supervisor of Elections revealed that the applications were submitted to her office by a third-party voter registration organization, Florida Conservation Voters Education Fund, whose address is 117 S. Gadsden Street Tallahassee, Florida 32301.

False swearing on a voter registration application and submission of false voter registration information are violations of section 104.011, Florida Statutes.

Please find enclosed the elections fraud complaints and relevant documents.

Sincerely,

A handwritten signature in black ink, appearing to read "Ashley E. Davis".

Ashley E. Davis  
Deputy General Counsel

Enclosures

cc: Volusia County Supervisor of Elections Lisa Lewis

# ELECTIONS FRAUD COMPLAINT

Voter Fraud Hotline Telephone number 1-877-868-3737

Under section 97.012(15), Florida Statutes, the Department of State has authority to conduct preliminary investigations into any allegations of irregularities or fraud involving voter registration or voting, or candidate or issue petition activities. The Department may then report its findings to the Office of Statewide Prosecution or to the State Attorney for the judicial circuit in which the alleged violation occurred for prosecution, where warranted.

Please return the completed complaint form to: *Florida Department of State, Office of the General Counsel  
1<sup>st</sup> Floor, R.A. Gray Building  
500 S. Bronough Street  
Tallahassee, Florida 32399-0250*

You will receive a written response from the Department of State at the end of its investigation.

## PERSON BRINGING COMPLAINT

Name Jeffery Whitaker Day 386-734-0828 Evening 386-748-9382  
Address 305 E 2nd Ave City Pierson  
County Volusia State FL Zip Code 32180  
E-mail Address whitakerways@gmail.com

## PERSON OR ENTITY AGAINST WHOM COMPLAINT IS BROUGHT (limit one person/entity per form)

Name Unknown Work \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
County \_\_\_\_\_ State \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

Have you filed this complaint with the (check all that apply):

- |                                       |   |  |
|---------------------------------------|---|--|
| State Attorney's Office               | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Office of Statewide Prosecution       | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Florida Department of Law Enforcement | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Florida Elections Commission          | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Florida Commission on Ethics          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

**RECEIVED**

SEP 25 2018

Office of the General Counsel

**VIOLATION:** If you believe any irregularities or fraud involving voter registration or voting, or candidate or issue petition activities have been committed, please state the specific acts committed by the person or entity named in this complaint:

Someone filed in my name to have my party changed.

#### **STATEMENT OF FACTS**

State in your own words exactly what happened. Please include details such as what happened, where the events or acts happened, when they happened (including dates and times), what you were told, who spoke to you and to whom you spoke, what you agreed or did not agree to, and who else saw or knows about what happened. Include the names, addresses and phone numbers of relevant persons. Also, give any reasons why you feel that the person or entity against whom you have brought this complaint knew that his or her actions were wrongful. The more specific information that you provide to us, the better we will be able to assist you.

I received a letter in the mail stating that the Supervisor of elections County of Volusia received correspondence from me to change my name or party. I did not make this request. I called the

Supervisor of Elections of Volusia County and was told that they received a signed request, but the signature did not match my signature on file. Again, I did not send the request for change. I called

the Florida Voter Fraud and was told that the email filed on the form did not match my email either I do not know who filed for the change. I am the third person in my household to have voter issues

instigated by an unknown party this year. They are filing forms as well; Brooke Whitaker and Mya Cloud. I have included the letter I received from the elections office



Check here if additional pages or documents are attached.

  
Signature of complainant

9/18/2018  
Date Signed

Jeffery Whitaker

Print or type name of complainant

It is a third-degree felony for any person to knowingly and willfully make any false, fictitious, or fraudulent statement or representation in any matter within the jurisdiction of the Department of State. See § 817.155, Fla. Stat.

**THIS COMPLAINT IS NOT CONFIDENTIAL. ONCE IT IS FILED WITH THE DEPARTMENT OF STATE, IT BECOMES A PUBLIC RECORD.**



**Lisa Lewis**  
**Supervisor of Elections**  
**County of Volusia**

September 12, 2018

Jeffery W. Whitaker  
305 E 2nd AVE  
Pierson FL 32180

Dear Registered Voter:

We recently received correspondence from you to change either your name or party. As per Florida Statute 97.1031 we must have a signed written notice that contains your date of birth or voter registration number.

Please complete this form and return to us in the postage-paid envelope enclosed.

Sincerely,

Lisa Lewis  
Supervisor of Elections

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Current name: Jeffery W. Whitaker

Voter ID: [108559437]

Current party: DEM

Date of Birth \_\_\_\_\_

Please change my name to \_\_\_\_\_

Please change my party to \_\_\_\_\_

Residence address \_\_\_\_\_

Mailing address \_\_\_\_\_

Voter signature \_\_\_\_\_ Date \_\_\_\_\_

Historic Courthouse  
125 West New York Avenue, DeLand, FL 32720-5415  
(386) 736-5930 • (386) 254-4690 • (386) 423-3311 • FAX (386) 822-5715  
[www.volusiaelections.org](http://www.volusiaelections.org)

Para información en español, llame al 386-736-5930.

If your signature has changed, please update your signature by completing a new Florida voter registration application. It is important to keep your signature updated, so that ballots and/or petition signatures can be counted.

# ELECTIONS FRAUD COMPLAINT

Voter Fraud Hotline Telephone number 1-877-868-3737

Under section 97.012(15), Florida Statutes, the Department of State has authority to conduct preliminary investigations into any allegations of irregularities or fraud involving voter registration or voting, or candidate or issue petition activities. The Department may then report its findings to the Office of Statewide Prosecution or to the State Attorney for the judicial circuit in which the alleged violation occurred for prosecution, where warranted.

Please return the completed complaint form to: *Florida Department of State, Office of the General Counsel  
1st Floor, R.A. Gray Building  
500 S. Bronough Street  
Tallahassee, Florida 32399-0250*

You will receive a written response from the Department of State at the end of its investigation.

## PERSON BRINGING COMPLAINT

Name Brooke Whitaker

Day 386-734-0828  
Phone \_\_\_\_\_

Evening  
Phone 386-479-6963

Address 305 E 2nd Ave

City Pierson

County Volusia

State FL

Zip Code 32180

E-mail Address whitakerways@gmail.com

## PERSON OR ENTITY AGAINST WHOM COMPLAINT IS BROUGHT (limit one person/entity per form)

Name Unknown

Work  
Phone \_\_\_\_\_

Person's title of office or position held or sought if applicable

Name of Governmental Office or  
Private Entity/Office

Address \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_

Zip  
Code \_\_\_\_\_

Have you filed this complaint with the (check all that apply):

**RECEIVED**  
**SEP 25 2018**

Office of the General Counsel

- |                                       |   |  |
|---------------------------------------|---|--|
| State Attorney's Office               | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Office of Statewide Prosecution       | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Florida Department of Law Enforcement | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Florida Elections Commission          | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Florida Commission on Ethics          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

**VIOLATION:** If you believe any irregularities or fraud involving voter registration or voting, or candidate or issue petition activities have been committed, please state the specific acts committed by the person or entity named in this complaint.

Someone filed in my name to register to vote. I am already a registered voter in Volusia County.

**STATEMENT OF FACTS**

State in your own words exactly what happened. Please include details such as what happened, where the events or acts happened, when they happened (including dates and times), what you were told, who spoke to you and to whom you spoke, what you agreed or did not agree to, and who else saw or knows about what happened. Include the names, addresses and phone numbers of relevant persons. Also, give any reasons why you feel that the person or entity against whom you have brought this complaint knew that his or her actions were wrongful. The more specific information that you provide to us, the better we will be able to assist you.

I received a letter in the mail saying that the Supervisor of Elections County of Volusia was unable to validate my information and so was unable to register me to vote. I did not initiate this request. I have, and have had since 1996, a valid Volusia County voter ID. I called and was told that the Volusia County office had several of these unauthorized requests and for me to send it back stating I did not initiate the request and was told that the Volusia County elections office was going to forward them to the state attorney. Whoever filed the request did not have my correct social security number, but used my name and address. I have included the letter I received from the elections office.



Check here if additional pages or documents are attached.

  
Signature of complainant

9/18/2018  
Date Signed

Brooke Whitaker

Print or type name of complainant

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**Lisa Lewis**  
**Supervisor of Elections**  
**County of Volusia**

June 12, 2018

[125758217]  
Brooke Whitaker  
305 E 2Nd Ave  
Pierson FL 32180

Dear Brooke Whitaker :

This is not  
my application.  
I already have a voter ID since 1996.  
Thank you,  
Brooke Whitaker

As required by the Florida Election Code, the Florida Division of Elections has attempted to verify the Florida driver's license, Florida identification card number, or last four digits of the social security number provided on your voter registration application. The Division of Elections has notified us that it was unable to verify the Florida driver's license, Florida identification card, or last four digits of the social security number you provided on the voter registration application.

To become an active voter you will need to provide this office with a copy of your Florida driver's license or Florida identification card, or, if you do not have either, your social security card. You may provide this copy by mail, fax or by email. Or, you may bring your Florida driver's license, Florida identification card, or social security card to this office in person. The address, fax number and e-mail address of this office are at the bottom of this letter.

Please note that Florida law provides an exemption from the public records law for your driver's license number, identification card or social security number. Therefore, your number will not become a public record and will remain confidential.

*If you do not provide the necessary evidence prior to voting, you may not cast a regular ballot; however, you will be provided a provisional ballot. The provisional ballot will be counted if you provide the evidence described above to this office no later than 5 p.m. of the second day following the election.*

-- If you have any questions, please do not hesitate to contact the department.

Sincerely,

Lisa Lewis  
Supervisor of Elections

Historic Courthouse  
125 West New York Avenue, DeLand, FL 32720-5415  
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500 S. Bronough Street  
Tallahassee, Florida 32399-0250*

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## PERSON BRINGING COMPLAINT

Name **Mya Cloud**  
Address **305 E 2nd Ave**  
County **Volusia**  
E-mail Address **whitakerways@gmail.com**

Day \_\_\_\_\_  
Phone \_\_\_\_\_  
Evening  
Phone **386-479-6963**  
City **Pierson**  
State **FL**  
Zip Code **32180**

## PERSON OR ENTITY AGAINST WHOM COMPLAINT IS BROUGHT (limit one person/entity per form)

Name **Unknown**

Work  
Phone \_\_\_\_\_

Person's title of office or position held or sought if applicable

Name of Governmental Office or  
Private Entity/Office

Address \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_

Zip  
Code \_\_\_\_\_

Have you filed this complaint with the (check all that apply):

- |                                       |   |  |
|---------------------------------------|---|--|
| State Attorney's Office               | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Office of Statewide Prosecution       | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Florida Department of Law Enforcement | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Florida Elections Commission          | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Florida Commission on Ethics          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

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OCT 11 2018

Office of the General Counsel

**VIOLATION:** If you believe any irregularities or fraud involving voter registration or voting, or candidate or issue petition activities have been committed, please state the specific acts committed by the person or entity named in this complaint.

Someone filed in my name to register to vote. I have not requested or filed any forms to become a voter.

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#### **STATEMENT OF FACTS**

State in your own words exactly what happened. Please include details such as what happened, where the events or acts happened, when they happened (including dates and times), what you were told, who spoke to you and to whom you spoke, what you agreed or did not agree to, and who else saw or knows about what happened. Include the names, addresses and phone numbers of relevant persons. Also, give any reasons why you feel that the person or entity against whom you have brought this complaint knew that his or her actions were wrongful. The more specific information that you provide to us, the better we will be able to assist you.

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Whoever filed the request did not have my correct social security number and an incorrect date of birth, but used my name and address. I have included the letter I received from the elections office

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Check here if additional pages or documents are attached.

  
Signature of complainant

9/18/2018

Date Signed

Mya Cloud

Print or type name of complainant

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[125894528]

Mya Cloud  
305 E 2Nd Ave  
Pierson FL 32180

Dear Mya Cloud :

As required by the Florida Election Code, the Florida Division of Elections has attempted to verify the Florida driver's license number, Florida identification card number, or last four digits of the social security number provided on your voter registration application. The Division of Elections has notified us that it was unable to verify the Florida driver's license, Florida identification card, or last four digits of the social security number you provided on the voter registration application.

To become an active voter you will need to provide this office with a copy of your Florida driver's license or Florida identification card, or, if you do not have either, your social security card. You may provide this copy by mail, fax or by email. Or, you may bring your Florida driver's license, Florida identification card, or social security card to this office in person. The address, fax number and e-mail address of this office are at the bottom of this letter.

Please note that Florida law provides an exemption from the public records law for your driver's license number, identification card or social security number. Therefore, your number will not become a public record and will remain confidential.

*If you do not provide the necessary evidence prior to voting, you may not cast a regular ballot; however, you will be provided a provisional ballot. The provisional ballot will be counted if you provide the evidence described above to this office no later than 5 p.m. of the second day following the election.*

If you have any questions, please do not hesitate to contact the department.

Sincerely,

Lisa Lewis  
Supervisor of Elections

Cancelled

2/20/18

Lisa Lewis  
Supervisor of Elections AUG 01 2018  
County of Volusia

Mya did  
not initiate  
this. She is  
not 18 years of  
age.  
This was not  
requested or fo  
rmed by Mya  
K. Cloud.

July 25, 2018

Back mother of  
minor  
Mya Cloud

Historic Courthouse  
125 West New York Avenue, DeLand, FL 32720-5415  
(386) 736-5930 • (386) 254-4690 • (386) 423-3311 • FAX (386) 822-5715  
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